

### Waste Management Community Benefits Request for Donations

The City of Riviera Beach, in conjunction with Waste Management Inc. of Florida, has established a Community Benefits Policy. Under the Policy each elected official shall be entitled to designate funds to support approved public projects for public purposes. Public purposes include, but are not limited to, charitable events, not-for-profit organizational events or programs and City functions or projects (which may include contributions to the City's Scholarship Fund or the City's Housing Trust Fund). All requests for donations must be presented to the City Council and approved by a majority of the City Council. The City will attempt to process all requests within fourteen (14) days of City Council approval.

Ineligible uses include the purchase of tables at events, campaign contributions, or payment for salaries or operational expenses. Funds cannot be used to cover an elected official's travel, meals, or for his or her personal benefit or gain or for the personal gain of relatives as defined by City Code, the Palm Beach County Code of Ethics, or state statues, as applicable. Funds cannot be given to an entity/agency/organization for which the elected official is a director or officer.

Name of Elected Official Sponsoring Donation: DR.JULIA BOTEL

Legal Name of Organization: JEUS AND YOU OUTREACH MINISTRIES

Program/ Activity Name: MEN'S RECOVERY CENTER

Requested Amount: \$1,200.00

Briefly describe the Program/Activity below and attach (1) letter of request or a more detailed description of the Program/Activity; (2) non-profit paperwork and (3) w-9 IRS form:

JESUS AND YOU OUTREACH MINISTRIES IS A NON-PROFIT MEN'S RECOVERY PROGRAM. ONE OF THE FEW IN THIS COUNTY THAT THE MEN CAN JOIN WITHOUT FUNDS. WE MINISTER TO THEM, SUPPORT THEM, TEACH THEM AND WALK WITH THEM UNTIL THEY ARE ABLE TO STAND ON THEIR OWN WITH JESUS.

Mailing Address: 2831 AVENUE S City: RIVIERA BEACH State: FL Zip: 33404

Contact Person(s): RONNIE FELDER

Phone: 561-842-4276

Fax: 561-881-9538

Email Address: Jbrown@jayministry.org

Signature of Authorized Official: Jatelsa Brown

Name of Authorized Official: <u>Jatelsa Brown</u> Date: <u>03/12/2019</u>

<sup>····</sup>Return the form to the Elected Official or the Legislative Office for processing.

# Waste Management Community Benefits Request for Donations Approval by Elected Official

	Policy. I further certify that: (1) I employee, subcontractor or agent of subsidiary and I do not have any contractor organization, its parent organization associates (as those terms are defined officers, directors, partners, proprietors organization, its parent organization of foregoing amount will not inure to my speny relatives or my business associates	, hereby certify that the donation tocomplies with the City's Community Benefits am not an officer, director, partner, proprietor, the organization, its parent organization or ractual relationship with or other obligation to or subsidiary; (2) I have no relatives or business in section 112.312, Florida Statutes) who are employees, subcontractors or agents of the period gain or loss or to the special gain or loss of any conflict of a gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the detail gain or loss of the gamount to the organization will create for the gamount to the organization will create for the gamount to the organization will create for the gamount to the organization will be detailed by the gamount to the organization will be detailed by the gamount to the organization will be detailed by the gamount to the organiz					
City Council Action							
	☐ Approved	☐ Disapproved					
CI	hairperson's Signature:	Date:					

### Form W-9

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

100							
	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.	TAIC				
	2 Business name/disregarded entity name, if different from above						
n page 3.				4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
. 8	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	Partnership	Trust/estate	Evenet name and of and			
<u>8</u> 5	☐ Umited liability company. Enter the tax classification (C=C corporation, S=	Commentee D. Dort	-L-\ <b>-</b>	Exempt payee code (if any)			
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax pu	Exemption from FATCA reporting code (if any)					
_ €	is disregarded from the owner should check the appropriate box for the ta	x classification of its owner	er.	,			
8	Other (see instructions) >			(Applies to accounts maintained outside the U.S.)			
See S	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name a	and address (optional)			
"/	-6-City, state, and ZIP code						
<u> </u>	thineral Booch FL 33404						
	7 List account number(s) here (optional)	<u> </u>					
Par							
Enter y	our TIN in the appropriate box. The TIN provided must match the name	e given on line 1 to avo	oid Social sec	curity number			
resider	o withholding. For individuals, this is generally your social security num at alien, sole proprietor, or disregarded entity, see the instructions for P	ber (SSN). However, to art I. later. For other	ora				
entities	s, it is your employer identification number (EIN). If you do not have a n	umber, see How to get	ta				
TIN, lat			or				
Note: I	If the account is in more than one name, see the instructions for line 1.  To Give the Requester for guidelines on whose number to enter.	Also see What Name a	and Employer	identification number			
110////	and the respection for galactic of the respective files.		105	-1014612101751			
Part	Certification		IVPI	101190119			
	penalties of perjury, I certify that:						
		er (or I am waiting for a	a number to be iss	sued to melt and			
<ol> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</li> <li>I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li> </ol>							
3. I am a U.S. citizen or other U.S. person (defined below); and							
<ol> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol>							
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an Individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.							
Sign Here	Signature of U.S. person Manuel Summer		Date > 3	12/2019			
	eral Instructions	Form 1099-DIV (dividends, including those from stocks or mutual funds)					
Section noted.	n references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)					
Future	developments. For the latest information about developments	a Form 1000 P /steel	te an much sal fire of -	salan and postale either			

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (ITIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



### Consumer's Certificate of Exemption

DR-14 R. 10/15

Issued Pursuant to Chapter 212, Florida Statutes

85-8012600055C-6	02/28/2017	02/28/2022	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

JESUS AND YOU OUTREACH MINISTRIES INC 2831 AVENUE S RIVIERA BEACH FL 33404-4042

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



#### Important Information for Exempt Organizations

DR-14 R. 10/15

- 1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- 3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, EA.C.).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.